

21. Have you ever had any of the following?

1A. Attacks of bronchitis?

1. Yes \_\_\_\_ 2. No \_\_\_\_

IF YES TO 1A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does Not Apply \_\_\_\_

C. At what age was your first attack?

Age in Years \_\_\_\_  
Does Not Apply \_\_\_\_

2A. Pneumonia (include  
bronchopneumonia)?

1. Yes \_\_\_\_ 2. No \_\_\_\_

IF YES TO 2A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does Not Apply \_\_\_\_

C. At what age did you first have it?

Age in Years \_\_\_\_  
Does Not Apply \_\_\_\_

3A. Hay Fever?

1. Yes \_\_\_\_ 2. No \_\_\_\_

IF YES TO 3A:

B. Was it confirmed by a doctor?

1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does Not Apply \_\_\_\_

C. At what age did it start?

Age in Years \_\_\_\_  
Does Not Apply \_\_\_\_

22A. Have you ever had chronic bronchitis?

1. Yes \_\_\_\_ 2. No \_\_\_\_

IF YES TO 22A:

B. Do you still have it?

1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does Not Apply \_\_\_\_

C. Was it confirmed by a doctor?

1. Yes \_\_\_\_ 2. No \_\_\_\_  
3. Does Not Apply \_\_\_\_